

Overview of COVID-19 Surveillance

This report is updated daily at approximately 1:00 p.m. Information on COVID-19 cases changes rapidly, and this report may not reflect updates made after 1:00 p.m. by local health departments or health care systems.

Report Date: April 17, 2020

2805

Total COVID-19 Cases

55771

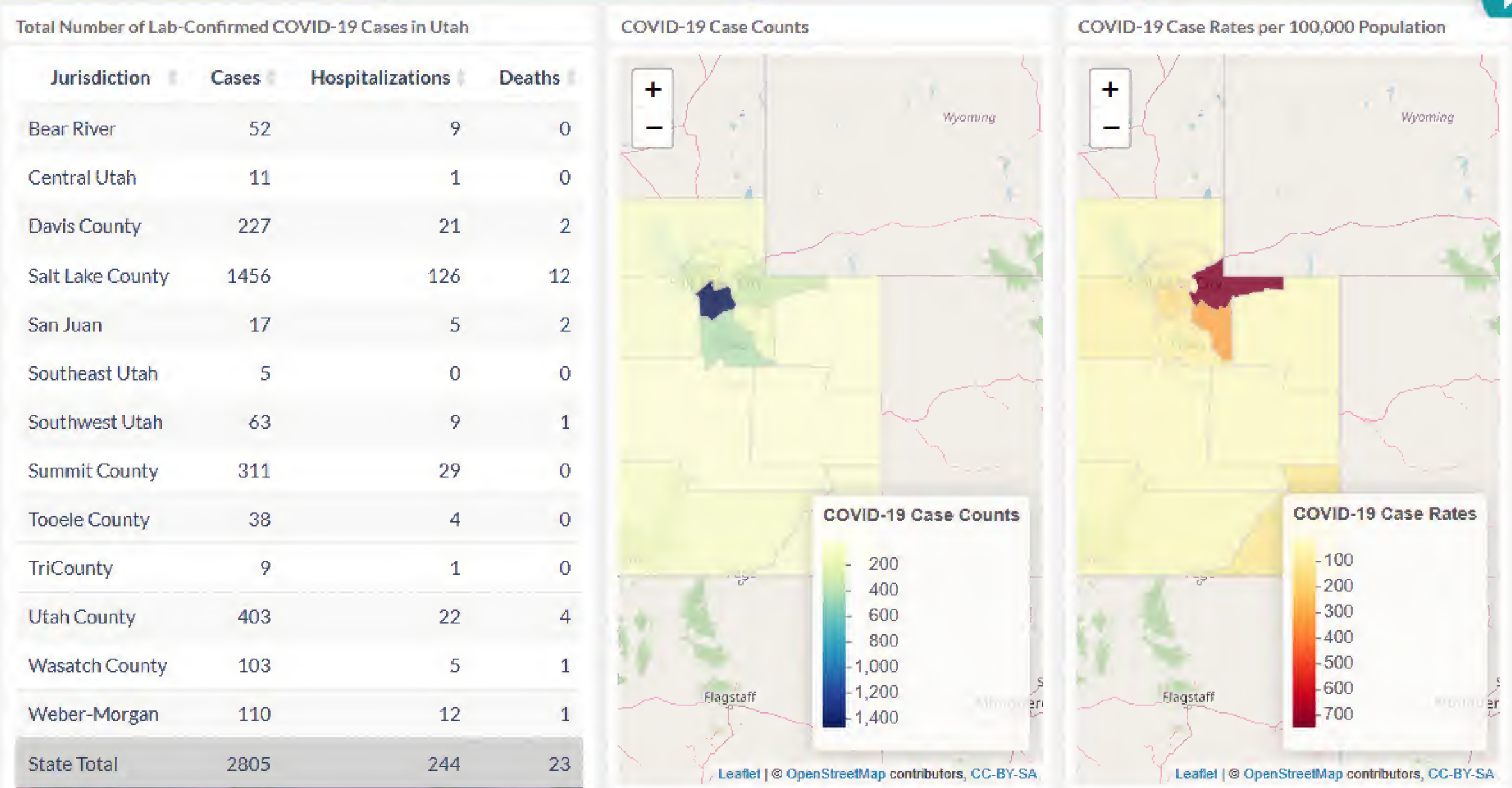
Total Reported People Tested

244

Total COVID-19 Hospitalizations

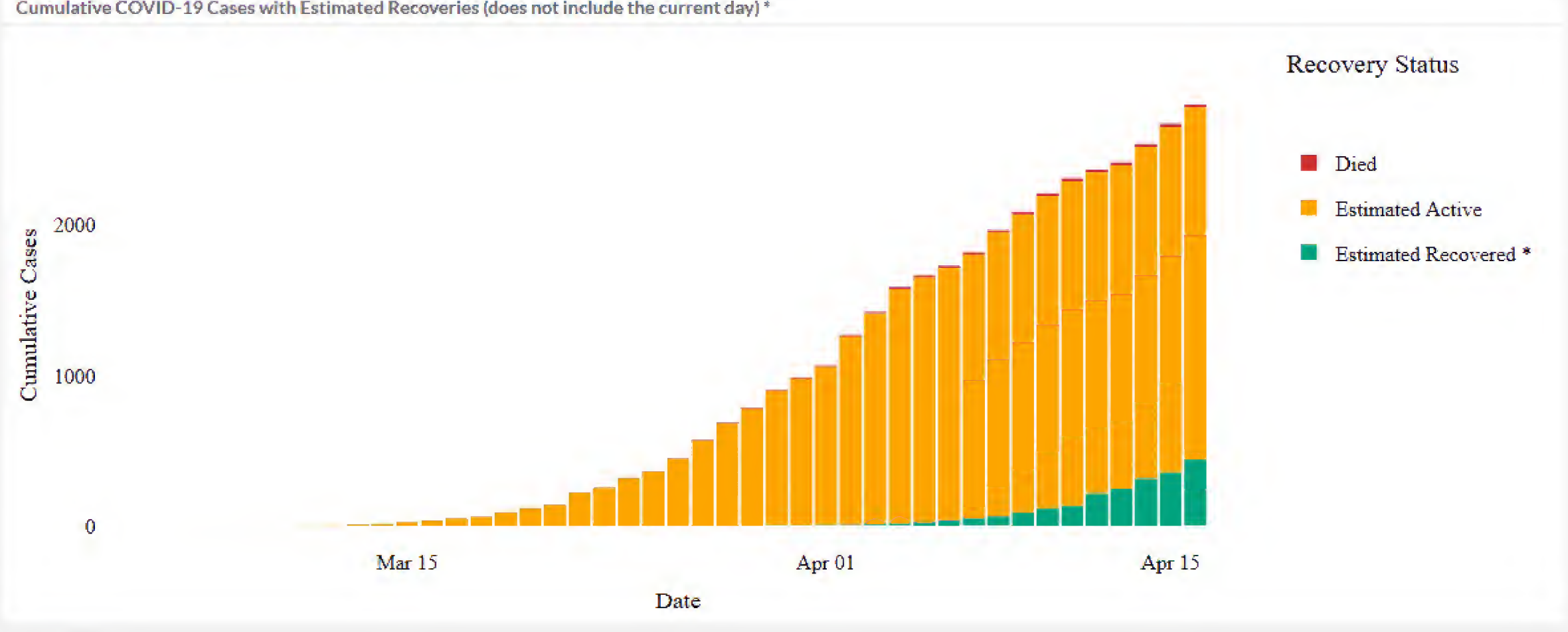
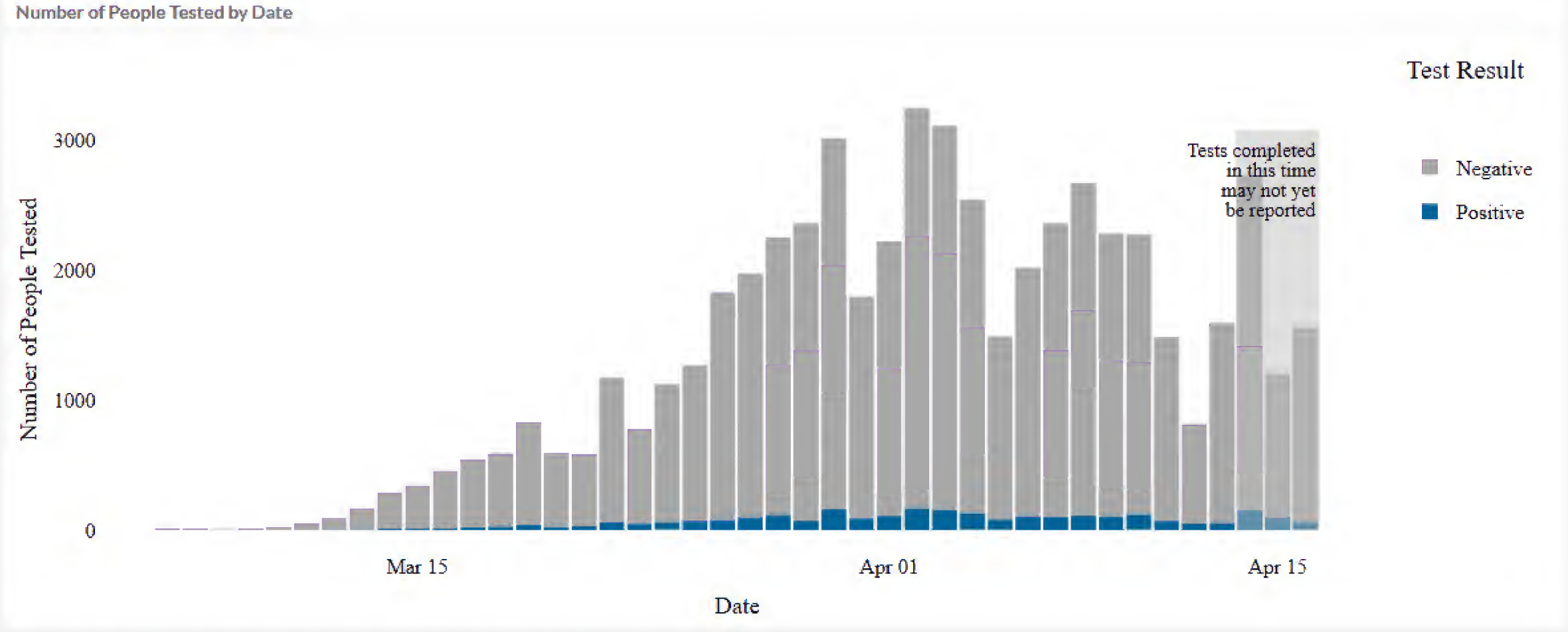
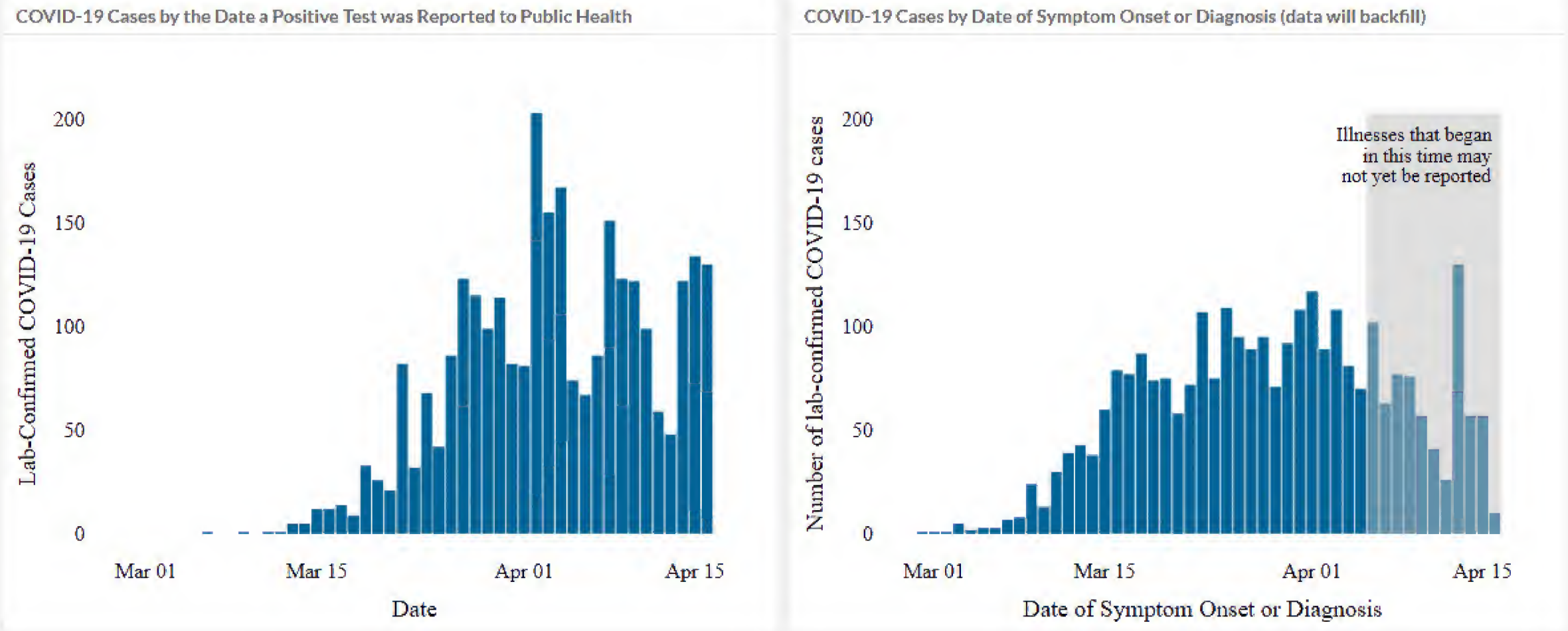
23

Total COVID-19 Deaths



Cases Reported by Indian Health Service and Tribal Nations (these cases are also reflected in case counts by health district)

Reporting Jurisdiction	Cases
Navajo Nation Reservation (Utah) - Utah Navajo Health System	16
Uintah and Ouray Reservation: Uintah & Ouray Indian Health Services (IHS)	0
State Total	2805



Data Notes:

* The number of recovered persons is estimated by the number of cases whose first positive laboratory test was reported at least 21 days ago, excluding deaths.

Laboratory: As of March 19th, 2020 all major private and public laboratories in Utah are reporting positive and negative COVID-19 (SARS-CoV-2) results to UDOH, positive cases are reported immediately. Negative results may have up to a 72-hour lag before being reported and results prior to March 19th may be under-reported. Laboratory positives may not match confirmed cases due to ongoing investigations and confirmatory testing. When available, laboratory data is shown by the date a sample was tested. If unavailable, it is shown by the date reported to public health.

Case data: As of 4/15, case data are displayed by both the date the first positive laboratory result (FPLR) is reported to public health and the self-reported symptom onset date. Previously this was reported by the first day a person was reported (through laboratory results or contact tracing) to public health. The FPLR date will provide a more stable estimate of the new cases reported to public health, however, there will be small differences in cases by date as public health receives additional information. Onset date is taken preferentially from the following dates when available: 1) self-reported date of first symptoms, 2) date diagnosed by a clinician, 3) date first positive specimen was collected, 4) first report to public health. The actual number of cases in Utah is higher than what is reported due to mild cases not feeling ill enough to seek care, clinician judgement for testing, and expanding laboratory capacity.